



ISSN	Awaiting Allocation
Website	ijcst.asdfjournals.com
Received	10-Dec-2014
Article ID	IJCST2015006

Vol& Issue	V1.I1 @ Jan 2015
eMail	eic.ijcst@asdfjournals.com
Accepted	30-Dec-2014
eAID	e-aid.org/IJCST.2015.006

Web Based Online Medical Diagnosis System (WOMEDS)

RaenuKolandaisamy¹, RafidahMd Noor²

¹Faculty of Computer Science Information Technology, University of Malaya Kuala Lumpur

²Faculty of Computer Science Information Technology, University of Malaya Kuala Lumpur

Abstract - Health is essential for everyone. Health can't be bought by anything. Health is important no matter what country we are from or what race we are, or what age or gender we are. Some important details like the patients allergy and medical history will be overlooked by the doctors when they diagnosing. The procedure for diagnosing also consume a big amount of time although the patients comes with a minor problem that they can settle it by themselves if they have the right help. This paper discusses about the Web Based Online Medical Diagnosis system. This system is split into three main parts that comprise of Patient's Registration and Administration, Diagnosis and Treatment and Health Monitor and Tips.

Keywords: Web based, portal hypertension, healthcare, rule-based reasoning, case-based Reasoning.

I. INTRODUCTION

Health is very important for everyone. Unfortunately, almost everyone now a days are suffering from at least one type of illness, like bronchitis, pneumonia, hepatitis, back pain to name a few of them. Since there are so many patients everywhere, more medical experts are needed. For example, from the latest statistics, the ratio for a doctor and a patient is 1:600.

The government is finding it difficult to have enough medical experts to get a good ratio among medical experts and patients. Furthermore, the doctors have to consider lots of issues before they could subscribe an accurate treatment for a patient.

In addition, computer technology also has gone through very drastic changes and the changes have also influenced many fields and revolutionized the way they function. One of the major fields which have been revolutionized by computer technology is medicine and healthcare field. It has brought many changes to this field ranging from the organization of patient's data to the management of operating theatres. Medical expert system has also created with many application systems to complement the duties of a doctor.

Medical expert systems have been applied in a wide range of industrial and commercial problems including diagnosis, planning, scheduling, decision support and process monitoring and control. These systems capture and deliver knowledge that is not easily represented using traditional computing approaches. Therefore the main advantage of expert system is that it can be used to gain access to expertise knowledge immediately, around the clock, anywhere in the world and by lots of people at the same time [2]. However, traditional expert systems in medicine and healthcare often utilize a static set of questionnaire that does not intelligently ask pertinent questions. Moreover,

This paper is prepared exclusively for International Journal of Computer Science and Technologies - IJCST which is published by ASDF International, Registered in London, United Kingdom. Permission to make digital or hard copies of part or all of this work for personal or classroom use is granted without fee provided that copies are not made or distributed for profit or commercial advantage, and that copies bear this notice and the full citation on the first page. Copyrights for third-party components of this work must be honored. For all other uses, contact the owner/author(s). Copyright Holder can be reached at copy@asdfjournals.com for distribution.

2015 © Reserved by ASDFJournals.com

many traditional expert systems often utilize only one inference strategy. We argue that these limitations do not make expert system effective and efficient in addressing the issues of health monitoring and diagnosis in healthcare [21].

II. LITERATURE

According to Fonseca, Mora and Barroso [7] internet plays an important role by allowing physicians, patients and other healthcare providers to access information's easily and faster especially about cancer disease. Even in earlier times, recording the information's through paper is well accepted by the doctors and patients. It is because most people have single family doctor to consult with and the doctors will remember the patients' medical history. The traditional way of keeping the information on papers leads to the current version of electronic record. Fonseca et al. [7] also added that proper patients' information is required because current medical practice is more difficult and complicated involving many healthcare providers, greater mobility of citizens, complex medical examinations and others.

Anderson, Moazamipour, Hudson and Cohen [2] also specify that physicians can obtain needed information about patients and make wise decisions through Internet. Medical decision support systems was designed and evaluated in several medical applications.

In addition, Knowledge-based systems (KBS) and Intelligent Computing Systems have been widely used in the medical planning, diagnosis and treatment. The KBS consists of rule-based reasoning (RBR), casebasedreasoning (CBR) and model-based reasoning whereas intelligent computing method (ICM) includes genetic algorithm (GA), artificial neural network (ANN), fuzzy logic (FL) and others (Pandey and Mishra, [11]). Rule-based reasoning have been developed and employed by many researchers in the treatment and diagnosis of various diseases. Most of the rule-based model and knowledge-based system have utilized reason based system for knowledge representation. Whereas, casebasedreasoning used in learning and problem-solving system to solve new problems by recalling and reusing specific knowledge obtained from past experience. Casebasedreasoning is self-updatability and can handle unexpected cases not recorded in the system or missing input vales. Hence, information and communication technology have a major role to play in the overall development of innovative formal and informal regulatory mechanisms that will impact on the management of health knowledge. In most of the countries, health system are complex, highly marketed and lightly regulated by government or professional bodies, the quality and cost of services may be highly dependent on the rules and associated sanctions that can be applied to providers by those whom they claim to serve. In such situation, individual cannot use a particular provider or accept a recommended course of treatment (Mackintosh and Tibandebage, [10]).

In the meantime, some confusion also detected in the literature over whether tier three or tier two post is most preferred. On the other hand the literature also unable to conclusively decide over whether utilization of Physician Order Entry System (POES) would give better results as compared to traditional system. As such there is a need to explore these issues, so that more valuable arguments could be added into the literature.

III. METHODS

In this paper, the new system has been developed which is known as Web Based Online Medical Diagnosis System (WOMEDS). This system has the features for users to do diagnostics for the health problem and also the system will provide some health monitoring and tips for the user to follow. Meanwhile the doctors also can use this system to do further diagnostics and patient's database references. Moreover this system provides patient's health information for hospital administration [9]. The main objective of Web Based Online Medical Diagnosis System (WOMEDS) is to provide convenience to doctors, hospital administration and patients, increase accuracy of the patient's illness by hospital doctors for their patient. This system will concentrate on the management of three main parts such as Patients Registration and Administration, Diagnosing and Treatment, Health Monitor and Tips. In the first part there will be two users that is the person registering in as patient and another one is the hospital staff. In the second part there will be two users also where here the doctors and the patient play the role. While in the part three there will be the patients only. Each patient will have a username and a password. So whenever the patient enters their username, the system will get their information from the patient's database and give appropriate diagnosing and health tips according to their medical records. Each patient will have their own different database including the doctor. The doctor can access to the patient's database to go through the patient's updated health record. At the same time, the database can be used by doctors to diagnose the patient's illness when the patient meets face to face [3].

The main weaknesses of the current system are in terms of time wasted by the patient. According to the current system, the patients spend almost a day at the hospital. There will be more hassle when it comes to referring a patient to a different doctor. Other than that, variable also being an important aspect. When a doctor is diagnosing an illness of a patient, they might tend to forget certain criteria like symptoms that should be considered before deciding the right treatment for a patient. This may cause a major problem to the patient. And this might lead to a situation where the patient would sue the doctor for being careless in prescribing the right treatment. It could cause the doctor to pay a large sum of money. And, lastly, manual file keeping is also being a major barrier of the current system. There are still hospitals and clinics that use manual system including the file keeping. Since the files are kept using the clip files or the paper files and are placed on the

shelves, it is a problem for someone who wants to do the inserting, deleting and retrieving data. The files which are kept for a long time might be very tedious to read because the content might become blur or being destroyed by insects. The files might get lost too. This cause problem for keeping old data's [21].

The researcher has developed the new idea of Web Based Online Medical Diagnosis System after considering current and similar system. The similar system includes by calculating the cancer risk. It is a Cancer Research Society's risk factor questionnaire. The web site asking questions like living habits, like smoking and consuming liquor. Anyone is welcome to complete a checklist of the most important lifestyle factors for which can do something about in terms of reducing risk of cancer [19]. Hence, Breast Cancer Risk Assessment Tool also one of the important tool under similar system. It is an estimation based web site to calculate the risks of the breast cancer [20]. Just like the other web site, it using combinations of survey, questionnaire and information collecting methods to bring out the results and quotations.

IV. ANALYSIS

Case Study 1

Computer-based Physician Order Entry System (POES) has been developed and used in many clinical institutes in Taiwan (Lee, Hsu, Hsieh and Li [8]). Wang- Fang Hospital in Taipei has developed three-tier web-based POES and successfully implements it. The system provides the Subjective, Objective, Assessment, and Plan (SOAP) structure for the physician to enter subject, object, diagnoses, medicine dosage, treatment and laboratory test request, and prints out the prescription and necessary document. The doctor can also repossess the patient's medical record on the system. One of the special characteristics of the system is its custom-made design.

To what extent the three-tier POES system is more preferred as compared to the two-tier POES system?
Is the utilization of POES system better than traditional system?

According to the results, the three tier POES system are effective and favorable compared to the two tier POES system. Three-tier system architecture is essentially an object-or component based system design. The architecture is developed in two stages: the object-centre design, and the component-centered design. The segregation of the clinical objects, such as Data Services Objects (DSOs) and Information Services Objects (ISOs), into different object components and their mapping into three distinct tiers allow the implementation of the message-oriented programming modules as the building blocks of any applications. The patients can obtain the information from various locations through World Wide Web. As overall, the Physician Order Entry System (POES) has improved the clinical efficiency and quality. By using the computer, the doctors can attain information's regarding patients' medical histories, therefore increasing the speed and accuracy of the decision and treatments. This web based system is compatible, easy to use, flexible and can be modified on line without any effect on the client. In other perspective, there are some disadvantages of the web based system. For example, the elasticity is not good enough, especially on the formatted printout, connection to the database is not as easy as traditional applications, and different browsers are not well-matched with each other in the HTML format.

Case Study 2

Now, let's look into the portal hypertension disease that has been one of the hot button issues nowadays. Portal hypertension disease is considered as silent killer. In general, it affects a lot people globally. Usually, portal hypertension occurs without presenting sign and symptoms. However if the pressure of the blood is very high, the people may develop headache, blur red vision, dizziness and bleeding of the nose. According to Bosch, Berzigotti, Pagan and Abraldes [5], portal hypertension is an increase in the blood pressure within a system of veins called the portal venous system. Normally, the veins come from the stomach, intestine, spleen and pancreas, merge into the portal vein, which then branches into smaller vessels and travels through the liver. If the vessels in the liver blocked, it is hard for the blood to flow causing high pressure in the portal system. The blood can travel to the veins in the esophagus (esophageal varices), in the skin of the abdomen, and the veins of the rectum and anus to get around the blockages in the liver. The most common cause of portal hypertension is increased resistance to blood flow caused by extensive scarring of the liver in cirrhosis, which is most often due to chronic excessive alcohol intake.

Portal hypertension can be diagnosed through web based system, endoscopic examination, X-ray studies and lab tests. Further treatment is necessary to reduce the risk of recurrent bleeding. The effects of portal hypertension can be managed through diet, medications, endoscopic therapy, surgery or radiology. Once the bleeding episode has been stabilized, treatment options are prescribed based on the severity of the symptoms and how well the liver is functioning. When a person is first diagnosed with variceal bleeding, he/she may be treated with endoscopic therapy or medications. Dietary and lifestyle changes are also important. Endoscopic therapy consists of either sclerotherapy or banding. Sclerotherapy is a procedure performed by a gastroenterologist in which a solution is injected into the bleeding varices to stop or control the risk of bleeding.

V. DISCUSSION

The author has concentrated on Web Based Online Medical Diagnosis System (WOMEDS) based on the previous research and analyses. This web based system is using three-tier architecture system and particularly focused on portal hypertension disease. Portal hypertension is high blood pressure of the portal vein. The portal vein, a major vein in the abdomen, collects nutrient- rich blood from the intestines and delivers it to the liver to nourish it, where it is purified for the body to use. There are reasons why three-tier architecture system plays an important role in Web Based Online Medical Diagnosis System (WOMEDS). It is because the three tier architecture supports flexible implementation and open migration path, improved reusability, improved data access flexibility, supports data driven business logic and supports dynamic changes to system function and structure.

This web based system holds the possible to recover health outcome as soon as possible by providing sufficient information and treatment. By the way, WOMEDS also applying stranded assumption in the improvement of information and communication technologies for the patients' usage whom living with chronic illness. Theoretically, the term Web Based Online Medical Diagnosis system refers to those request or applications that are occupied on a server that is reachable using a Web browser and is therefore reachable from various locations via Web. WOMEDS system has a special feature that can alerts the patients about portal hypertension disease and upcoming appointments. Patients' will answer the first question, and then proceed with the second question. If the system detects severe portal hypertension, pop up message will display which states that the WOMEDS cannot cure the disease but the particular patient need to consult and get the treatment from the doctor or physician But, if the portal hypertension disease is in an early stage, the patients' can answer all the questions to produce the results and relevant description within four to seven minutes.

WOMEDS links to the medical websites where the patients' can gain information relates to the content of the medicines. In Malaysia, most of the pharmacies recommended the cheap drugs that patient able to get with or without prescription. But some patients probably do not want to take risk with this type of pharmacies. But WOMEDS system will display the results and also the prescriptions. The patients can get the medicines in authorized pharmacies or dispensaries. The patient's information's in the WOMEDS system will be protected by privacy procedures with the strongest protection. The personal health information in the WOMEDS systems will be observed with the Personal= Information Privacy Act that governs the usage of information on WOMEDS database [18].

VI. RESULT

The new system, Web Based Online Medical Diagnosis System (WOMEDS) will be explained in terms of three modules such as registration and administration, diagnosis and treatment and health monitor and tips. While, the two major aspects of feasibility such as technical and operation in feasibility assessment also will be attempted. This system will be initiated by identification of the problems that happen or requirement that needed in the system. Therefore, a system which can manage to analyze the symptoms, give result of the analyzed, and the treatment should be initiated. It is also initiated due to the fact that people do not like to see doctors about health problems because of shyness.

The system must also be able to keep information of the user and their past medical record for reference by the user or their doctors. Through the system, the inference of findings disease can be diagnosed; based on the symptoms that provided. The disease that may be diagnosed will be given as a probability on percentage.

Registration and Administration is the first part in Web based online diagnosis system. There will be two users such as patient and the administrator. Registration and Administration module consist of three sub modules. There are new registration, existing user and database and language option for user to choose. The system has been designed using advance and intelligent techniques that are already in use to help the system to produce the best solution. The system provides the ability to add in increments and to modify application quickly and simply via an intelligent user interfaces. It provides a wealth of possibilities to define field attributes including controls for missing data, data entry restrictions, code lists, data validation rules and many more. Besides that, the language option will be able to give the user the option to choose the desired language and also the language they are comfortable with.

The second part is known as diagnosis and treatment. In this part there will be two type users, the doctor and the patient. As for the doctor, the system will assist them by diagnosing the portal hypertension. This can be done by retrieving information from the patient. Two approaches will be considered in doing the expert system; one is rule based and the other one is case based reasoning. The system will pick whichever reasoning suits best for a particular case. Each patient will have a username and a password. So whenever the patient enters their username and password, the system will get their information from the database and give the appropriate data based on their medical history. The system will ask the patients questions where information can be gained. Once the result (diagnosis) received by the designated patient then the patient can go and get their medicine or if it's necessary then they will meet the doctor. In time, the doctor that was assigned for that certain patient will look through the patient's database to know the up to date patient's health record.

And, the last part is about health monitor and tips. In this part there will be also two types of user. It will be the doctor and the patient. There will be a consultation scheduler that will act as an alert or reminder to the patient for a consultation in a specified duration. The duration for the system to pop alerts will be based on intelligent time optimization. This system also will provide information for patients when they make a consultation on the best food diet they should be. They also can check their regular health checkup that can be done by themselves with the help of the system.

VII. CONCLUSION

The Web Based Online Medical Diagnosis system is a system that helps the user to get the appropriate information needed regarding hypertension, overall health conditions and in developing a better lifestyle especially in the hospitals management. This system is developed with the upcoming language that is widely used in developing the web or server based system. Besides that, the database will be the Open Database Connectivity (ODBC) that goes well with the language used. The feel of contentment due to the fact that the system was very hard to deal with as risks were immeasurable and also building a system with skill that has not being learned or learned a little some medical terms have been learned in the process of building the system and also the knowledge of medical and biological fields is also improved as well as the knowledge of Information Technology field. In terms of implementation, the subsystem was put together and make sure that it is in working order. Fine tuning of the system is also done as some of the sub system could not be link together at first. The implementation is used to check if it is easy to be used by other people. The purposes are to test and compare its functionalities with almost similar system out in the web. Also information can be gathered about the system so that the minor adjustment or subsystem that was missing can be build and implemented in to the system again. The system is a web based system with some features of calculations, analysis and estimations based on symptoms keyed in by the user. In other words, the system may be described as digitalized medical system. What kind of load can this web based system handle without 'crashing'? - The system is scalable as the load is only dependable on the physical system and not the software itself.

The system adopts user-friendly control interface and the usage of easy words makes the user to operate the system without doubts and difficulties. The openness of the source codes and documentations will make future enhancements and improvements can be done easier. To avoid the waste of time and effort, schedule is planned tightly. Each task was done before the schedule dead line to enable necessary corrections and debugging. Backup copies of the system were made varied by time and stored in different places in order to recover from any defects or data loss. As the system was tested matching the desired input with the desired output thus the system has a certain level of reliable. But there is no protection to the database beside the login page.

VIII. FUTURE DIRECTION

When thinking about future research directions it becomes apparent that the goal needs to be a real clinical integration of the systems. This implies a number of changes in the ways that research is done at the moment. It will become more important to offer the complete personalized service including diagnoses, medicine, treatments and combination menu; preparing data connection between the laboratory information system (LIS) and current system, so that the doctors can send laboratory-test request and read test results from the computer. Other than that, appointment reservation in clinics should be implemented. The orders will be connected with the pharmacy system to maintain correctness of the prescription and save waiting time. And, provide clinical decision support of patient care, particularly in the form of active alerts and reminders based on patient data.

REFERENCES

- [1] Abidi, SSR &Manickam, S 2002, 'Leveraging XML-based electronic medical records to extract experiential clinical knowledge An automated approach to generate cases for medical case-based reasoning systems', International Journal of Medica Informatics, vol. 68, pp. 187-203.
- [2] Anderson, MF, Moazamipour, H, Hudson, DL & Cohen, ME 1997, 'The role of the Internet in medical decisionmaking', International Journal of Medical Information, vol. 47, pp.43-49.
- [3] Andreassen, S, Jensen, FV, Olesen & KG 1991, ' Medical expert system based on causal probabilistic networks', International Journal of Bio-Medical Computing, vol.28, pp.1-30.
- [4] Archinard, E, Jornot, C &Scherrer, JR 1983, 'On the flow of medical information Through a hospital registration post', International Journal of Bio-Medical Computing, vol. 14, pp. 131-154.
- [5] Bosch, J, Berzigotti, A, Pagan, JCG &Abraldes, JG 2008, 'The management of portal hypertension: Rational basis, available treatments and future options', Journal of Hepatology, vol. 48, pp. 68-92.

- [6] Chung, SJ 1995, 'Formulas expressing life expectancy, survival probability and death Rate in life table at various ages in US adults', International Journal of Bio-Medical Computing, vol. 39, pp. 209-217.
- [7] Fonseca, JM, Mora, AD &Barroso 2007, The web and the new generation of medical information systems, Institute for the Development of New Technologies, Portugal, viewed 25 August 2009, <http://ezproxy.um.edu.my: 2095_science-ob/>.
- [8] Lee, YL, Hsu, CY, Hsieh, D & Li, YC 2001, 'Development and deployment of a web based physician order entry system', International Journal of Medical Informatics, vol. 62, pp. 135-142.
- [9] Lhotska, L, Marik, V & Vlcek, V 2001, 'Medical applications of enhanced rule Based expert systems', International Journal of Medical Informatics, vol.63, pp.61- 75.
- [10] Mackintosh, M & Tibandebage, P 2002, 'Inclusion by design? Rethinking health care market regulation in the Tanzanian context', Journal of Development Studies, vol. 39, no.1, pp. 1-20.
- [11] Pandey, B & Mishra, RB 2009, 'Knowledge and intelligent computing system in medicine', Computers in biology and medicine, vol. 39, pp. 215-230.